PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	February 1 February 1	First Semester to County Super 5 to State Superin	ntendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim	is for the period beginning	5		_, 20	and ending		, 20	
		month	day			month	day	
CERTIFI	CERTIFICATION:							
The inform	The information on this form is complete and accurate to the best of my knowledge.							
Date		Signature, Chair, Boa	ard of Trustees					

54 Wheatland 0945 Harlowton Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 1 50 16 120 1.80 84 08/06/05 80 08/16/05 50 11 0.95 46 16

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PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

DUE
DATES

		Hele	ena, M⊺	59620-25	01					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THIS	CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:		
This clain	m is for the pe	riod beginning	3		,	20 and end	ding	, 2	20	
			r	nonth	day		me	onth da	y	
CERTIF	ICATION:									
The infor	rmation on thi	s form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	e, Chair, Board	d of Trustees					
County:			District:					District Lev	vel:	
54 Whea	atland		0946	Harlowto	on H S			High So	chool	
	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
Percentage	1					0.4	00/06/05			
Percentage 50	16	1		120	1.80	84	08/06/05	I		

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PI

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Suj
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	SCHOOL BUS TRANSPORTA

DUE February 1 to County Superintendent DATES: February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR	SCHO	OOL BUS TRA	NSPORTATION	Ī:
This clain	n is for the	period beginning	!			, 20	and end	ing		, 20 .
				nonth	day			I	nonth d	lay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kı	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District L	evel:
54 Whea	atland		0948	Judith G	ap Elem				Eleme	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	ncity	Inspection	Days Operated	Bus Driver's Social Security #
60	21J	1		95.5	0.95	47	7	08/14/05		
50	21J	2		71	0.95	47	7	08/14/05		

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School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR				Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
This claim	is for the period beginning	month	dav	, 20	and ending	month	, 20 day	
CERTIFI	CATION:	month	day			month	day	
The information on this form is complete and accurate to the best of my knowledge.								
Date		Signature, Chair, Bo	oard of Trustees					

54 Wheatland 0949 Judith Gap H S **High School** District Rate Route Miles Days **Bus Driver's** Operated Percentage # # Per Day Per Mile Capacity Inspection Social Security # 40 1 95.5 21J 0.95 47 08/14/052 50 21J 71 0.95 47 08/14/05

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